

# EXHIBIT SSS

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

DATE 10/8/97

## PERSONAL INFORMATION

NAME (LAST NAME FIRST) <u>Waller Warren</u>		SOCIAL SECURITY NO. <u>317 - 70 - 754</u>	
PRESENT ADDRESS <u>1153 S Chester</u>	CITY <u>Indpls</u>	STATE <u>Ind</u>	ZIP CODE <u>46205</u>
PERMANENT ADDRESS <u>- SAME -</u>	CITY	STATE	ZIP CODE
PHONE NO. <u>(317) 359-5127</u>	REFERRED BY <u>Ad in Paper</u>		

## EMPLOYMENT DESIRED

POSITION <u>Sales</u>	DATE YOU CAN START <u>IMMEDIATELY</u>	SALARY DESIRED <u>9.00</u>
ARE YOU EMPLOYED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	WHERE? <u>ALA</u>	WHEN?

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL	<u>4</u>	<u>1/2</u>	<u>Business</u>
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	<u>Fedex - Sales</u> <u>Relco - Federal Express Sales</u>		

## GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK  
OR SPECIAL TRAINING/SKILLS

<u>CPR / FIRST AID / Sign Language Interpretation</u>	
U.S. MILITARY OR NAVAL SERVICE	RANK

## FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE (MONTH AND YEAR)	NAME AND ADDRESS OF EMPLOYER	REASON (REASON)	REASON (REASON)	REASON (REASON)
FROM 1992 TO PRESENT	<u>Fedex</u>	<u>155,000/yr</u>	<u>Sales</u>	<u>Master Account Sales</u>
FROM 1991 TO 1992	<u>Stamps International</u> <u>870 S. Fort Rd</u>	<u>12,000/yr</u>	<u>Accounting</u>	
FROM 1989 TO 1991	<u>Peter Offshore</u> <u>Lumberton PD</u>	<u>-</u>	<u>Paralegal</u>	<u>Product Line 12</u>
FROM 1987 TO 1989	<u>St Francis Hospital</u> <u>Radiology</u>	<u>9,000-12,000/yr</u>	<u>Radiologist Assistant</u>	<u>Went into Long Term Care</u>

Adams

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## REFERENCES

ORVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	OFFICE	BUSINESS	WPA NO. 400
1 GARY SARRAN	870 S. Post Rd	Salt EMP	20
2 HICK SARRAN	870 S. Post Rd	Salt EMP	20
3 BARRY BARNETT	7 1/2 S. 1st	FEDER	10

## AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE OR LOSS OF PROFITS, REVENUE, OR OTHER DAMAGES, INCLUDING ATTORNEY'S FEES, THAT MAY BE INCURRED BY THE COMPANY. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE 10/2/92 SIGNATURE Walter White

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_  
DO NOT WRITE BELOW THIS LINE

## REMARKS


NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRE	FOR DEPT.	POSITION	WILL REPORT SALARY WAGES

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER

THIS APPLICATION FOR EMPLOYMENT IS SOLD ONLY FOR GENERAL USE THROUGHOUT THE UNITED STATES. ADAMS ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR THE INCLUSION IN THIS FORM OF ANY QUESTIONS OR REQUESTS FOR INFORMATION UPON WHICH A VIOLATION OF LOCAL, STATE AND/OR FEDERAL LAW MAY BE BASED. IT IS THE USER'S RESPONSIBILITY TO ENSURE THAT THIS FORM'S USE COMPLIES WITH APPLICABLE LAWS, WHICH CHANGE FROM TIME TO TIME.